

(g) The Montana Status Indicator (SI) Codes

Each APC, CPT and HCPCS code has been assigned a letter that signifies whether the Montana Facility Fee Schedule will reimburse the service and how it will be reimbursed. The indicator also helps in determining whether policy rules, such as packaging and discounting, apply. Only Montana Status Indicator codes can be used to calculate reimbursements for services and supplies. Ignore status indicator codes other than A, B, D, F, G, H, K, L, N, P, S, T and X and pay at the fee scheduled amount listed.

SI Code	SI (Status Indicator) Description
A	Fee Schedules: Ambulance.
B	Non-allowed item or service. Not a hospital service.
D	Discontinued code.
F	Acquisition costs paid for Corneal tissue acquisition; certain CRNA services and hepatitis B vaccines.
G	Additional payment for Drug/Biological pass-through.
H	Additional payment for Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents.
K	Pass-through drugs and biologicals.
L	Flu and other vaccines.
N	No additional payment, payment included in line items with APCs for incidental service. (Packaged codes not paid separately).
P	Paid Partial hospitalization per diem payment.
S	Significant procedure not subject to multiple procedure discounting.
T	Significant procedure, subject to 50% discount on second procedure if present.
X	Ancillary services.